

The convulsions themselves are essentially due to the existence of that condition known as uræmia: the important factor in which is inadequate action of the kidney. Whether the uræmia, as its name implies, is due to the retention in the blood of certain excrementitious substances, or whether it is due to mechanical or vascular changes in the brain, cedema or anæmia, has yet to be settled. The special manifestations of uræmia in the Bright's disease of pregnancy are convulsions, which may precede, accompany, or follow labour. These patients often have premonitory symptoms, as in the first case, headache and vomiting. They complain of being out of sorts, and may be sick at the stomach. Such symptoms in a pregnant woman should receive your most watchful consideration. The attacks resemble those of epilepsy, but they are never preceded by the epileptic cry. They usually begin with clonic, convulsive movements of the limbs. It is common for the arms to move much more than the legs. Succeeding these there are tonic contractions, in which the muscles become rigid, the neck stiff, and the eyeballs fixed. The spasms of the muscles of respiration prevent the movements of the chest. These patients become livid. This condition rarely lasts for more than thirty or forty seconds and then they begin to breathe again. Following the seizure there is a period of stupor, which may deepen into actual coma. The respirations become stertorous, and the patient sinks into a deep, heavy sleep, which may last for an hour or two, rarely longer. There may be a series of these convulsions, but the rule is not to have very many, although they may have ten, twenty, or even a hundred.

The relative frequency of eclampsia varies in different quarters. In the Lying-in-Hospital, here, (in Dr. MacCallum's report for eight years, ending 1875) in 995 cases of labour, there were seven cases of convulsions. In 24,000 cases in Braun's Clinic, in Vienna, there were 44 cases. The usual

proportion is one in four or five hundred cases. The ratio here has been high. The mortality is very great, ranging from 25 per cent. to 30 per cent. of all cases. The mortality also varies considerably. Of the seven cases at the Lying-in-Hospital (during the eight years ending 1875) all recovered; but since that time there have been two fatal cases. The fatal result may be due to the long continuance of the convulsions, or to the exhaustion supervening upon them, or the patient may die from hæmorrhage during a convulsion, as in the second case given above. A similar case occurred in the Hospital a few years ago of a woman who died in convulsions, and we found in her also extensive hæmorrhage in the brain. It may be, indeed, that in those cases in which the patient has a severe convulsion becomes quickly and profoundly comatose, and never recovers consciousness, that the fatal result is due to extravasation of blood. If the patient recovers, the renal disease may subside after delivery, as it is doing in the case downstairs. It is not often that it passes on to the chronic form, though it does so sometimes, as in the case in which I made the autopsy in 1877, in which the kidneys weighed over 11 oz. each.

Among the forms of treatment of this condition, that which I read to you in the first case will give a good idea. Give opiates hypodermically, or by the mouth. Chloral hydrate is highly praised, and Dr. McCallum has used it with great success. Bleeding is frequently resorted to, and with good effect. Make use also of the special treatment of the renal symptoms, by cupping, hot poultices, diuretics, and the steam or vapour bath.

#### GLOSSO-LABIO—LARYNGEAL PARALYSIS.

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This disease has been so well described, its clinical history so carefully recorded, and the hopelessness of its treatment so